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**BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

Application Number: 09/747,547
Filing Date: December 22, 2000
Appellant(s): JAPP ET AL.

Tait R. Swanson
For Appellant

EXAMINER'S ANSWER

This is in response to the appeal brief filed September 9, 2005 appealing from the Office action mailed April 29, 2005.

(1) Real Party in Interest

A statement identifying by name the real party in interest is contained in the brief.

(2) Related Appeals and Interferences

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

(3) Status of Claims

The statement of the status of claims contained in the brief is correct.

(4) Status of Amendments After Final

The appellant's statement of the status of amendments after final rejection contained in the brief is correct.

(5) Summary of Claimed Subject Matter

The summary of claimed subject matter contained in the brief is correct.

(6) Grounds of Rejection to be Reviewed on Appeal

The appellant's statement of the grounds of rejection to be reviewed on appeal is correct.

(7) Claims Appendix

The copy of the appealed claims contained in the Appendix to the brief is correct.

(8) Evidence Relied Upon

5,930,474	Dunworth et al.	01-1996
6,424,996	Killcommons et al.	11-1998

(9) Grounds of Rejection

The following ground(s) of rejection are applicable to the appealed claims:
Claims 1-45 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dunworth et al., (U.S. Patent No. 5,930,474), in view of Killcommons et al. (U.S. Patent No. 6,424,996).

As to claim 1, Dunworth et al. teaches a method for locating a medical resource (See Fig. 18; abstract), the method comprising:

electronically directing client data transmitted from a remote interface to a medical locator system via a network, the client data comprising a desired geographic region for locating a desired medical resource for at least one of the multiple modalities

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(See abstract; column 2, lines 42-49, where “medical resources” is read on “topical information”);

searching a database for the desired medical resource (See abstract; column 3, lines 6-9, lines 46-65);

locating at least one of the desired medical resources based on the desired geographic region (See abstract; column 2, lines 42-49, where “medical resources” is read on “topical information”); and

electronically transmitting locator information to a client via the network (See column 2, lines 34-39, lines 59-62), the locator information allowing the client to locate the desired medical resource (See column 6, lines 46-65, where “medical resource” is read on “topic”).

Dunworth et al. does not teach wherein the medical locator system is configured for multiple modalities.

Killcommons et al. teaches a medical network system and method for transfer of information (See abstract), in which he teaches wherein the medical locator system is configured for multiple modalities (See abstract; column 1, lines 49-60; column 3, lines 58-64).

Therefore, it would have been obvious to a person having ordinary skill in the art at the time of the invention was made to have modified Dunworth et al. to include wherein the medical locator system is configured for multiple modalities.

It would have been obvious to a person having ordinary skill in the art at the time the invention was made to have modified Dunworth et al., by the teachings of

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Killcommons et al., because wherein the medical locator system is configured for multiple modalities would allow for transfer of complex data from a variety of modalities over e-mail and web browser systems (See Killcommons et al., column 3, lines 52-55).

As to claims 2 and 17, Dunworth et al. as modified, teaches wherein electronically directing via the network comprises electronically directing via the Internet (See Dunworth et al., column 1, lines 6-10); wherein the network comprises the Internet (See Dunworth et al., column 1, lines 6-10).

As to claims 3, 18 and 40, Dunworth et al. as modified, teaches comprising providing the remote interface with a form for selecting the desired geographic region (See Dunworth et al., abstract; column 1, lines 37-44; column 2, lines 42-44; column 5, lines 43-54); wherein the remote interface comprises a server to communicate between the remote interface and the resource locator system via the network (See Dunworth et al., abstract; column 1, lines 37-44; column 2, lines 42-44; column 5, lines 43-54); wherein electronically directing comprises providing a server to procure network communication between the remote interface and the medical locator system (See Dunworth et al., abstract; column 1, lines 37-44; column 2, lines 42-44; column 5, lines 43-54).

As to claims 4, 20, 23, 28 and 31, Dunworth et al. as modified, teaches comprising receiving a selection of the desired medical resource from a plurality of

medical resources (See Dunworth et al., column 2, lines 42-58; also see Killcommons et al., column 1, lines 49-60; column 7, lines 23-29); wherein the form comprises a field for selecting the desired medical resource from a plurality of medical resources (See Dunworth et al., column 2, lines 42-58; also see Killcommons et al., column 1, lines 49-60; column 7, lines 23-29); wherein the client data comprises multiple selections of desired medical resources from a plurality of medical resources (See Dunworth et al., column 2, lines 42-58; also see Killcommons et al., column 1, lines 49-60; column 7, lines 23-29); wherein the resource locator system comprises a locator database having a plurality of addresses for the desired medical resource (See Dunworth et al., column 2, lines 42-58; also see Killcommons et al., column 1, lines 49-60; column 7, lines 23-29); wherein the client data comprises multiple selections of desired medical resources from a plurality of medical resources (See Dunworth et al., column 2, lines 42-58; also see Killcommons et al., column 1, lines 49-60; column 7, lines 23-29).

As to claims 5-8, 21-22, 30 and 39, Dunworth et al. as modified, teaches wherein receiving the selection from the plurality of medical resources comprises receiving the selection from multiple modalities (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein receiving the selection from the plurality of medical resources comprises receiving the selection from a plurality of medical imaging systems (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein receiving the selection from multiple modalities comprise receiving the selection from multiple modalities comprising

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computed tomography (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein receiving the selection from multiple modalities comprises receiving the selection from multiple modalities comprising magnetic resonance imaging (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein the client data comprises a selection of the desired medical resource from a plurality of modalities (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein the client data comprises a selection of the desired medical resource from a plurality of medical imaging systems; wherein the query form comprises a field for selecting the desired medical resource from a plurality of medical resources comprising multiple modalities (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29); wherein electronically directing client data comprises electronically directing client data comprising a selection from a plurality of medical resources comprising multiple modalities (See Killcommons et al., Abstract; column 1, lines 49-60; column 3, lines 58-64; column 7, lines 23-29).

As to claims 9, 24, 32 and 41, Dunworth et al. as modified, teaches comprising locating the desired medical resource via address data for the desired geographic region (See Dunworth et al., column 10, lines 1-6, lines 19-23; column 24, lines 35-39); wherein the client data comprises address data for the desired geographic region (See Dunworth et al., column 10, lines 1-6, lines 19-23; column 24, lines 35-39); wherein the client data comprises address data for the desired geographic region (See Dunworth et

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al., column 10, lines 1-6, lines 19-23; column 24, lines 35-39); comprising geographically locating the at least one medical resource via address data for the desired geographic region (See Dunworth et al., column 10, lines 1-6, lines 19-23; column 24, lines 35-39).

As to claims 10, 25, 33 and 42, Dunworth et al. as modified, teaches comprising locating the desired medical resource via a postal code for the desired geographic region (See Dunworth et al., column 24, lines 36-39); wherein the client data comprises a zip code for the desired geographic region (See Dunworth et al., column 24, lines 36-39); wherein the client data comprises a zip code for the desired geographic region; comprising geographically locating the at least one medical resource via a zip code for the desired geographic region (See Dunworth et al., column 24, lines 36-39).

As to claims 11 and 27, Dunworth et al. as modified, teaches comprising locating via the address data of the remote interface (See Dunworth et al., abstract; column 1, lines 37-44; column 2, lines 42-44); wherein the map system is remote from the resource locator system (See Dunworth et al., abstract; column 1, lines 37-44; column 2, lines 42-44).

As to claims 12 and 34-35, Dunworth et al. as modified, teaches wherein locating comprises ranking in order of proximity to the desired geographic region (See Dunworth et al., column 7, lines 34-44); wherein the location results page comprises a plurality of

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geographic locations for the desired medical resource ranked in order of proximity to the desired geographic region (See Dunworth et al., column 7, lines 34-44); wherein the location results page comprises a list of addresses for the desired medical resource in closest proximity to the desired geographic region (See Dunworth et al., column 7, lines 34-44).

As to claims 13, 19 and 43, Dunworth et al. as modified, teaches wherein electronically transmitting locator information comprises providing a list of addresses for the desired medical resources in closest proximity to the desired geographic region (See Dunworth et al., Fig. 10-12 and 18; column 2, lines 42-44; column 5, lines 6-16, lines 30-32, lines 52-54; column 7, lines 61-64); wherein the form comprises a field for selecting the desired geographic region (See Dunworth et al., Fig. 10-12 and 18; column 2, lines 42-44; column 5, lines 6-16, lines 30-32, lines 52-54; column 7, lines 61-64); wherein allowing the client to view the locator information via the resource location report comprises providing a list of addresses for the at least one medical resource in closest proximity to the desired geographic region (See Dunworth et al., Fig. 10-12 and 18; column 2, lines 42-44; column 5, lines 6-16, lines 30-32, lines 52-54; column 7, lines 61-64).

As to claims 14-15, 26, 36-37 and 44-45, Dunworth et al. as modified, teaches wherein electronically transmitting locator information comprises providing a map illustrating a geographic location of the desired medical resource (See Dunworth et al.,

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abstract; column 7, lines 61-64; column 8, lines 49-58); comprising linking the medical locator system to a map system for mapping out a geographic location of the desired medical resource based on the desired geographic region (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58); comprising a map system for mapping out a geographic location of the desired medical resource based on the desired geographic region (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58); wherein the location results page comprises a map illustrating a geographic location of the desired medical resource (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58); comprising a map system remote from the resource locator system for mapping out a geographic location of the desired medical resource based on the desired geographic region (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58); wherein allowing the client to view the locator information via the resource location report comprises providing a map illustrating a geographic location of the at least one medical resource (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58); comprising linking the medical locator system to a remote map system for mapping out a geographic location of the at least one medical resource based on the desired geographic region (See Dunworth et al., abstract; column 7, lines 61-64; column 8, lines 49-58).

As to claim 16, Dunworth et al. teaches an information system for locating a medical resource (See Fig. 18; abstract), the information system comprising:

a remote interface configured for exchanging information with the resource locator system via a network (See column 2, lines 34-39, lines 59-62), the remote interface having a form for transmitting client data to the resource locator system (See abstract; column 2, lines 42-49), the client data comprising a desired geographic region for locating the desired medical resource (See abstract; column 2, lines 42-49, where "medical resource" is read on "topical information"; also see column 3, lines 46-65), wherein the resource locator system is configured to evaluate the client data and to locate at least one of the desired medical resources based on the desired geographic region (See column 6, lines 46-65, where "medical resource" is read on "topic"; also see column 3, lines 46-65).

Dunworth et al. does not teach a resource locator system configured for locating a desired medical resource.

Killcommons et al. teaches a medical network system and method for transfer of information (See abstract), in which he teaches a resource locator system configured for locating a desired medical resource (See abstract; column 1, lines 49-60; column 3, lines 58-64).

Therefore, it would have been obvious to a person having ordinary skill in the art at the time of the invention was made to have modified Dunworth et al., to include a resource locator system configured for locating a desired medical resource.

It would have been obvious to a person having ordinary skill in the art at the time the invention was made to have modified Dunworth et al., by the teachings of Killcommons et al., because a resource locator system configured for locating a desired

medical resource would allow for transfer of complex data from a variety of modalities over e-mail and web browser systems (See Killcommons et al., column 3, lines 52-55).

As to claim 29, Dunworth et al. teaches a locator system for geographically locating a healthcare facility (See Fig. 18; abstract), the system comprising:

an address database of medical resources (See abstract; column 3, lines 6-9; lines 46-65); and

a remote interface configured for exchanging information with the resource locator system via a network (See column 2, lines 34-39, lines 59-62), the remote interface comprising a query form for transmitting client data to the resource locator system (See abstract; column 2, lines 42-49), the query form having a field for entering a desired geographic region for locating the desired medical resource, and a location results page having locator information for the desired medical resource (See column 6, lines 46-65, where "medical resource" is read on "topic"; also see column 3, lines 46-65).

Dunworth et al. does not teach a resource locator system configured for locating a desired medical resource.

Killcommons et al. teaches a medical network system and method for transfer of information (See abstract), in which he teaches a resource locator system configured for locating a desired medical resource (See abstract; column 1, lines 49-60; column 3, lines 58-64).

Therefore, it would have been obvious to a person having ordinary skill in the art at the time of the invention was made to have modified Dunworth et al., to include a resource locator system configured for locating a desired medical resource.

It would have been obvious to a person having ordinary skill in the art at the time the invention was made to have modified Dunworth et al., by the teachings of Killcommons et al., because a resource locator system configured for locating a desired medical resource would allow for transfer of complex data from a variety of modalities over e-mail and web browser systems (See Killcommons et al., column 3, lines 52-55).

As to claim 38, Dunworth et al. teaches electronically directing client data transmitted from a remote interface to a medical locator system via a network, the client data comprising a desired geographic region for locating at least one medical resource from the plurality of medical resources (See abstract; column 2, lines 42-49, where "medical resources" is read on "topical information");

searching a medical locator database for the at least one medical resource (See abstract; column 3, lines 6-9, lines 46-65);

geographically locating the at least one medical resource based on the desired geographic region (See abstract; column 2, lines 42-49, where "medical resource" is read on "topical information");

electronically transmitting locator information to a client via the network (See column 2, lines 34-39, lines 59-62), the locator information allowing the client to locate

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the desired medical resource (See column 6, lines 46-65, where "medical resource" is read on "topic"); and

allowing the client to view the locator information via a resource location report viewable with the remote interface (See abstract; column 1, lines 37-44).

Dunworth et al. does not teach a method for locating at least one medical resource from a plurality of medical resources.

Killcommons et al. teaches a medical network system and method for transfer of information (See abstract), in which he teaches a method for locating at least one medical resource from a plurality of medical resources (See abstract; column 1, lines 49-60; column 3, lines 58-64).

Therefore, it would have been obvious to a person having ordinary skill in the art at the time of the invention was made to have modified Dunworth et al. to include a method for locating at least one medical resource from a plurality of medical resources.

It would have been obvious to a person having ordinary skill in the art at the time the invention was made to have modified Dunworth et al., by the teachings of Killcommons et al., because a method for locating at least one medical resource from a plurality of medical resources would allow for transfer of complex data from a variety of modalities over e-mail and web browser systems (See Killcommons et al., column 3, lines 52-55).

(10) Response to Argument

In response to applicants' arguments regarding claim 1, that *"neither reference cited by the examiner teaches a medical locator system configured to employ location data and other data to establish the position and availability of multiple modalities, much less a desired medical resource for one of the multiple modalities"*, the arguments have been fully considered but are not found to be persuasive, because Dunworth et al. teaches a user interface that allows a user to select or search for information organized geographically (by location) and topically (See abstract; column 2, lines 42-58). Furthermore, Dunworth et al. shows an example of topical and geographical information pertaining to medical information in figures 9-11 and figure 18. Killcommons et al. discloses requesting information pertaining to multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37). By modifying Dunworth et al.'s geographical and topical information system to include medical modalities as a category/topic or subtopic to chose from with the teachings of Killcommons request for information pertaining to multiple medical modalities would allow the Dunworth et al. to be more efficient in searching/requesting of medical information.

In response to applicants' arguments regarding claim 1, that *"Dunworth reference does not teach or suggest specific medical resources or different modalities, thereby precluding the possibility of locating a desired medical resource for a particular modality"*, the arguments have been fully considered but are not found to be persuasive, because Dunworth et al. teaches a user interface that allows a user to select or search

for information organized geographically and topically (See abstract; column 2, lines 42-58). Furthermore, Dunworth et al. shows an example of topical and geographical information pertaining to medical resources in figures 9-11 and figure 18 and discloses a list of topics and subtopics (See column 9, lines 28-44). By combining Killcommons et al. teachings of requesting information pertaining to multiple medical modalities with the categories/topics/subtopics taught in Dunworth et al. to include medical modalities as a category/topic/subtopic to chose from would allow the Dunworth et al. invention be more efficient in searching/requesting of medical information. By adding such a category/topic/subtopic it would not alter the functionality of the Dunworth et al. invention only elaborate the type of services the hospital or medical facilities offer. Dunworth et al., figure 2C also shows a yellow pages database that discloses a "category of goods and services", those goods and services can be the type of medical modalities located at certain hospitals or medical facilities (See column 10, lines 19-30).

In response to applicants' arguments regarding claim 1, that *"Killcommons reference also fails to teach or suggest these claim features. The Killcommons et al. reference, for example, discloses a technique for electronic transfer of medical information derived from different medical modalities, and does not even consider the type of descriptive data directed to location a medical modality system."* The arguments have been fully considered but are not found to be persuasive, because examiner stated that Dunworth et al. teaches a user interface that allows a user to select or search for information organized geographically/location and topically (See abstract; column 2, lines 42-58). Killcommons et al. teaches requesting information pertaining to

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multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37).

Examiner does not rely on Killcommons et al. to teach medical modality system based on location. A location based information system is clearly disclosed in Dunworth et al. (See abstract; column 2, lines 42-58). Examiner is relying on Killcommons et al. to teach requesting medical modality information (See column 1, lines 49-65; column 5, lines 33-37), specifically, disclosing that the medical modalities consist of “sophisticated radiology equipment...(MRI); computed tomography (CT), etc.” (See column 1, lines 49-65). Both references pertain to requesting information over the Internet and therefore, are in the same field of endeavor and can be combined (See Dunworth et al., column 1, lines 6-11; column 2, lines 42-58; See Killcommons et al., column 4, lines 54-62; column 5, lines 33-37).

In response to applicants’ arguments regarding claims 16 and 29, that “*Dunworth is clearly incapable of locating a desired medical resource*”, the argument has been fully considered but is not found to be persuasive, because Dunworth et al. teaches a user searching for certain information according to the location/geography and by the category they have selected (See abstract; column 2, lines 42-58). The information that is searched for in Dunworth et al. does include medical information and therefore is not “incapable” of locating medical resources (See Figs. 9-11 and fig. 18; also see column 2, lines 42-58; column 3, lines 46-67; column 4, lines 1-12). Modifications to Dunworth et al. by the Killcommons et al. reference would show the types of medical modalities that can be found at each medical facility or if a medical modality is search the medical facility can be displayed.

In response to applicants' arguments regarding claims 16 and 29, that *"Killcommons et al. does not disclose these recited claim features. Instead, Killcommons is directed to satisfying the 'need for medical transfer systems that allow for transfer of complex data from a variety of modalities over email and web browser systems' without any regard to the location of resources and modalities"*, the arguments have been fully considered but are not found to be persuasive, because examiner stated that Dunworth et al. teaches a user interface that allows a user to select or search for information organized geographically/location and topically (See abstract; column 2, lines 42-58). Killcommons et al. teaches requesting information pertaining to multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37). Examiner does not rely on Killcommons et al. to teach medical modality system based on location. A location based information system is clearly disclosed in Dunworth et al. (See abstract; column 2, lines 42-58). Examiner is relying on Killcommons et al. to teach requesting medical modality information (See column 1, lines 49-65; column 5, lines 33-37), specifically, disclosing that the medical modalities consist of "sophisticated radiology equipment...(MRI), computed tomography (CT), etc." (See column 1, lines 49-65). Both references pertain to requesting information over the Internet and therefore, are in the same field of endeavor and can be combined (See Dunworth et al., column 1, lines 6-11; column 2, lines 42-58; See Killcommons et al., column 4, lines 54-62; column 5, lines 33-37).

In response to applicants' arguments regarding claim 38, that *"Killcommons et al. reference discloses the transfer of data from various modalities, the reference never*

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mentions or suggests any type of data or databases regarding the location of modalities or medical resources", the arguments have been fully considered but are not found to be persuasive, because examiner stated that Dunworth et al. teaches a user interface that allows a user to select or search for information organized geographically/location and topically (See abstract; column 2, lines 42-58). Killcommons et al. teaches requesting information pertaining to multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37). Examiner does not rely on Killcommons et al. to teach medical modality system based on location. A location based information system is clearly disclosed in Dunworth et al. (See abstract; column 2, lines 42-58). Examiner is relying on Killcommons et al. to teach requesting medical modality information (See column 1, lines 49-65; column 5, lines 33-37), specifically, disclosing that the medical modalities consist of "sophisticated radiology equipment...(MRI), computed tomography (CT), etc." (See column 1, lines 49-65). Both references pertain to requesting information over the Internet and therefore, are in the same field of endeavor and can be combined (See Dunworth et al., column 1, lines 6-11; column 2, lines 42-58; See Killcommons et al., column 4, lines 54-62; column 5, lines 33-37).

In response to applicants' arguments regarding dependent claims 6, 21, 22, 27, 30 and 39, that *"the Killcommons et al. reference does not disclose a selection from a plurality of medical imaging systems, or receiving such a selection"*, the argument has been fully considered but is not found to be persuasive, because Killcommons et al. does disclose selecting from a plurality of medical imaging systems by disclosing medical information as several different types of medical imaging systems (See column

1, lines 49-65; column 7, lines 23-29), that can be requested or selected to be sent to a remote user (See column 4, lines 54-67). Furthermore, Dunworth et al. discloses requesting or selecting a geographical location information that is arranged by topic/category, which can include medical information (See Figs. 9-11 and fig. 18; also see abstract; column 2, lines 42-58; column 3, lines 46-67; column 4, lines 1-12, where “topic” can be read on “medical modalities” or “medical resource”).

In response to applicants’ arguments regarding dependent claims 6, 21, 22, 27, 30 and 39, that *“the references clearly fail to teach a selection from a list of medical imaging systems”*, the arguments have been fully considered but are not found to be persuasive, because Killcommons et al. does disclose selecting from a plurality of medical imaging systems by disclosing medical information as several different types of medical imaging systems (See column 1, lines 49-65; column 7, lines 23-29), that can be requested or selected to be sent to a remote user (See column 4, lines 54-67). Furthermore, Dunworth et al. discloses requesting or selecting a geographical location information that is arranged by topic/category, which can include medical information (See Figs. 9-11 and fig. 18; also see abstract; column 2, lines 42-58; column 3, lines 46-67; column 4, lines 1-12, where “topic” can be read on “medical modalities” or “medical resource”).

In response to applicants’ arguments regarding dependent claims 21, 30 and 39, that *“the cited combination does not disclose making a selection of any type of particular medical resource, much less making a selection from a plurality or list of modalities or multiple modalities”*, the arguments have been fully considered but are not found to be

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persuasive, because Killcommons et al. does disclose selecting from a plurality of medical imaging systems by disclosing medical information as several different types of medical imaging systems (See column 1, lines 49-65; column 7, lines 23-29), that can be requested or selected to be sent to a remote user (See column 4, lines 54-67).

Furthermore, Dunworth et al. discloses requesting or selecting a geographical location information that is arranged by topic/category, which can include medical information (See Figs. 9-11 and fig. 18; also see abstract; column 2, lines 42-58; column 3, lines 46-67; column 4, lines 1-12, where "topic" can be read on "medical modalities" or "medical resource"). Dunworth et al. also, shows an example of topical and geographical information pertaining to medical resources in figures 9-11 and figure 18 and teaches a list of topics and subtopics to select (See column 9, lines 28-44). By combining Killcommons et al. teachings of requesting information pertaining to multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37) with the categories/topics/subtopics taught in Dunworth et al. to include medical modalities/medical resources as a category/topic/subtopic to chose from or to search would allow the Dunworth et al. invention be more efficient in searching/requesting of medical information and would allow the user to search for a particular service (medical resource or modality) and then display the medical facility information where the medical service (medical resource or modality) is found. By adding such a category/topic/subtopic it would not alter the functionality of the Dunworth et al. invention only elaborate the type of services the hospital or medical facilities offer. Dunworth et al., figure 2C also shows a yellow pages database that discloses a

“category of goods and services”, those goods and services can be the type of medical modalities located at certain hospitals or medical facilities (See column 10, lines 19-30).

In response to applicants’ arguments regarding dependent claim 27, that *“neither reference discloses a map system, much less a map system that is remote from a locator system”*, the arguments have been fully considered but are not found to be persuasive, because Dunworth et al. discloses a “image map file” (See Fig. 4; column 8, lines 49-67; column 9, lines 1-4), which displays reference maps to the user in order for the user to select particular places or services associated with selected geographical areas (See abstract; column 8, lines 49-67; column 9, lines 1-17).

In response to applicants’ arguments regarding dependent claim 27, that *“Dunworth et al. reference in no way discloses a map system for pinpointing or mapping a location of a specific medical resource”*, the arguments have been fully considered but are not found to be persuasive, because Dunworth et al. discloses a “image map file” (See Fig. 4; column 8, lines 49-67; column 9, lines 1-4), which displays reference maps to the user in order for the user to select particular places or services associated with selected geographical areas (See abstract; column 8, lines 49-67; column 9, lines 1-17). By combining Killcommons et al. teachings of requesting information pertaining to multiple medical modalities (See column 1, lines 49-65; column 5, lines 33-37) with the categories/topics/subtopics taught in Dunworth et al. to include medical modalities/medical resources as a category/topic/subtopic to chose from or to search would allow the Dunworth et al. invention be more efficient in searching/requesting of medical information. It would allow the user to select from a map a particular service

(medical resource or modality) and then display the medical facility information where the medical service (medical resource or modality) is found.

In response to applicants' arguments regarding *"the examiner did not provide objective evidence of the requisite motivation or suggestion to combine or modify the Dunworth et al. and Killcommons et al. references"*, the arguments have been fully considered but are not found to be persuasive, because both references pertain to request or searching for information. Dunworth et al. in particular pertains to all types of information arranged according to geographical locations and topics/categories (See Figs. 9-11 and fig. 18; also see abstract; column 2, lines 42-58; column 3, lines 46-67; column 4, lines 1-12). The "topics" in Dunworth et al. do not exclude "medical modalities" or "medical resource", in fact Dunworth et al. does disclose medical information as an example (See Fig. 9-11 and Fig. 18). Combining Killcommons et al. teachings of the types of medical modalities that can be requested and including that as a topic in Dunworth et al. would only add to the functionality of Dunworth et al. and not change it. Dunworth et al. already discloses a geographical locator and topic search system, and only shows one type of medical information that can be displayed (hospital addresses) as an example, and hospital addresses are not the only type of information that can be displayed. Dunworth et al. does disclose that not only can the information include address, phone number, etc. of a selected entity but also miscellaneous information which can include types of services offered (See column 10, lines 16-30). Killcommons et al. specifically discloses the type of medical information that can be requested and that is medical modalities pertaining to radiology (See column 1, lines

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49-65; column 5, lines 33-37; column 7, lines 23-29). Combining Killcommons et al. to the teaching of Dunworth et al. will only specify the type of medical data/resources that can be requested, specifically the types services/resources offered at certain medical facilities or the location of the specific services/resources requested by the user.

(11) Related Proceeding(s) Appendix

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner's answer.

For the above reasons, it is believed that the rejections should be sustained.

Respectfully submitted,

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Conferees:

Jean Homere

Charles Rones

Sam Rimell

**SAM RIMELL
PRIMARY EXAMINER**

APPEAL CONFERENCE
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